

Due by: January 5, 2006

Team Nutrition Mini-grant application for Go The Distance Four-Month Activity

page 1 of 3

TN Team Leader(s)	Position	School	Address	phone	e-mail
Other TN Team members					
Principal or Adult Leader					

Budget - Identify items to be purchased and estimated costs. (2 points possible)

Classroom supplies	Cost	Staff time	Cost	Food	Cost
Posters				Food: fresh fruit Vegetables for snacks	
	Total \$50		total		Total \$100
Equipment	Cost	Office (printing, postage, etc.)	Cost	Equipment	Cost
Jump ropes		Paper copy charges			
	Total \$50		Total \$50		total
Total Amount Requested <u> \$250 </u>					

Check which of the five Team Nutrition messages you will be using in your activity: (maximum of 5 points possible)

- ☒ Eat a variety of foods
☒ Eat more fruits, vegetables, and whole grains
☒ Eat lower fat foods more often, and
☒ Be physically active
☒ Eat calcium rich foods

Check Team Nutrition education channels covered by your Team Nutrition plan (1 point per channel or component checked- 6 possible)

Team Nutrition Education Channels

Classroom	School	Food service	Home	Community	Media

1. What were the priorities identified in your plan and how do the proposed activities address them? (2 points)

The priorities identified were having healthy snacks and more frequent physical activity. We plan to offer fresh fruits and vegetables as snacks following some guided physical activity. We will have one of the food activities focus on calcium rich foods.

2. Describe activities you plan to conduct with the mini-grant and how they support the five Team Nutrition messages. (2 points)

We plan to offer activities for children that will encourage them to be more active and follow it with a fresh fruit or vegetable snack or calcium rich foods that they can learn to prepare for themselves.

Group Name_____

3. How will the items listed in the budget support these activities? (2 points)

The items purchased will be used as part of the activity.

4. (BONUS POINTS - OPTIONAL) Describe Team Nutrition activities planned for the community using in-kind support, over and above activities supported with the mini-grant (2 points)

If you are implementing the Team Nutrition curriculum as part of your plan, you may also request one free module while supplies last. Please check the module you are requesting: pre-K and Kindergarten____ grades 1-2____ grades 3-5____ middle school____

I understand that as a condition of our school or group receiving this mini-grant, I will submit a brief description of the activity funded by the grant and submit receipts for payment of expenses.

(Adult Leader or Principal - print name)

(Adult Leader or Principal - signature)

Date signed